

Board of Chiropractic

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense

CHIROPRACTIC EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Chiropractic. Questions regarding your application can be directed to the Michigan Board of Chiropractic at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

The Educational Limited License can be issued only for the purpose of supervised practice as a part of your chiropractic education. If you have already graduated from your chiropractic educational program, you are not eligible for this license.

CHIROPRACTIC EDUCATIONAL LIMITED LICENSE

1. Complete the application and return it to the Board of Chiropractic with the appropriate fee. A check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany the application. An application accompanied by the appropriate fee is valid for two years. Applications received without a fee will be returned. An Educational Limited license is valid for 6 months, with no extensions available. Please be sure to indicate the beginning date for the Educational Limited License on the application where indicated.
2. Complete part I of the enclosed Certification of Chiropractic Education form. Forward the form to the Dean or Registrar of your chiropractic school for completion. The completed form must be submitted directly from the chiropractic school to the Board. You must have successfully completed at least two years, four semesters or six-quarter terms in an approved chiropractic school to be eligible for this license.
3. Complete part I of the enclosed Supervision Confirmation form. Forward the form to the supervisor of your education training completion. The completed Supervision Confirmation Form must be submitted directly to the Board.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Chiropractic in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Chiropractic in writing to request a refund.

Name

- 5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? Yes No

- 6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? Yes No

- 7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No

- 8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No

- 9. Do you hold or have you ever held a chiropractic license in any state? If so, list each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets necessary.)** Yes No

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Michigan Department of Community Health
Board of Chiropractic
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

SUPERVISION CONFIRMATION FORM FOR EDUCATIONAL LIMITED LICENSE

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

PART I - APPLICANT INFORMATION:

Instructions: Complete Part I. Type or print your name exactly as it appears on your application. Send this form to your supervisor for completion of Parts II and III. This form must be submitted directly to the Board of Chiropractic from your supervisor.

First Name	Middle Name	Last Name	
Street Address			
City		State	Zip Code
U.S. Social Security Number		Birth Date	

PART II - SUPERVISOR INFORMATION

Instructions: Please complete Part II and III of this form and then mail it directly to the Board at the address given above.

Name	Michigan Permanent I.D. Number and Expiration Date
Current Business Address	
Current Position	

PART III- CERTIFICATION OF SUPERVISION

<p>I hereby certify that I am a licensed chiropractor in the state of Michigan and will supervise</p> <p style="text-align: center;">_____ during the practice portion of</p> <p style="text-align: center;">Applicant's Full Name</p> <p>his or her chiropractic education. My direct supervision will conform with all existing laws and rules governing such supervision.</p>	
<p>_____ Signature of Supervisor</p>	<p>_____ Date</p>
<p>_____ Print Name and Title of Supervisor</p>	

Name

THIS SIDE TO BE COMPLETED BY THE DEAN OR REGISTRAR OF THE CHIROPRACTIC SCHOOL

SECTION II - CERTIFICATION OF CHIROPRACTIC EDUCATION

Instructions: Please complete the following information. Return this completed certification directly to the Michigan Board of Chiropractic at the address shown on the reverse side of this form.

Name of Chiropractic School	
Street Address of Chiropractic School	
City, State and ZIP Code	
<p>I certify that _____ has successfully completed at least <small>(Applicant's Name)</small></p> <p>two years, four semesters, or six quarter terms in the chiropractic school named above.</p>	
_____ Signature of Dean or Registrar	_____ Date of Signature
_____ Print or Type Name of Dean or Registrar	(S E A L)
	If school has no seal, please indicate